National Park Service Southeast Utah Group 2282 S. W. Resource Blvd. Moab, Utah 84532 (435) 719-2121



Application for Special Use Permit

Please supply the information requested below. Attach additional sheets, if necessary, to provide required information. A nonrefundable processing fee of \$100.00 must accompany this application unless the requested use is an exercise of a First Amendment right. You must allow sufficient time for the park to process your request; check with the park for guidelines. You will be notified of the status of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States of America as also insured.

Enter either a social secur	ity number OR a tax ID nu	mber: we do not require bo	oth.				
Applicant Name:	(Company/Organization Name:					
Social Security #:	T	Tax ID #					
Street/Address:	S	Street/Address:					
City/State/Zip Code:	(City/State/Zip Code:					
Telephone #:	(Contact name:					
Cell phone #:	Telephone #:						
Fax #:	Fax#:						
Email:	Email:						
Description of Proposed A Requested Location(s): DATE(S)	J . J	tach additional pages if neo	cessary):				
Set up begins: (date and time)	Activity begins: (date and time)	Activity ends: (date and time)	Removal completed (date and time)				
Maximum Number of Participants (Please provide best estimate)							
Maximum Number of veh	icles: (attach parking plan)						

Cars	Vans/lt.trucks	Utl.vans/trucks		Buses	s/oversized vehicles
Support equipmer	nt (list all equipment; attach	n additional pages if nec	essary)		
.ist support perso	nnel including addresses ar	nd telephones; attach ac	l lanoitibk	pages i	f necessary
ndividual in charc	ge of activity on-site (includ	e cell nhone number) ar		ized to	make decisions
related to the peri		e cen priorie namber) ar	ia autrior	1200 10	Triake decisions
s this an exercise	of First Amendment Rights	?	ΠY	\square N	
Have you visited t	he requested area?			\square Y	\square N
Have you obtaine	d a permit from the Nation	nal Park Service in the pa	ıst?	\square Y	□N
(If yes, provide a	list of permit dates and loo	cations on a separate pa	ge.)		
Do you plan to ac	lvertise or issue a press rele	ease before the event?		Π	\square N
Will you distribute	e printed material?			\square Y	\square N
ls there any reaso	n to believe there will be a	ttempts to disrupt, prote	est or		
prevent your ev	ent? (If yes, please explain	on a separate page.)		ΠY	□N
Do you intend to	solicit donations or offer it	ems for sale?			
(These ac	ctivities may require an add	litional permit.)		ΠY	□N
	iged to attach additional ncluding: staging, sound s	. •			0 0
	cy medical plan, use of any			ar 107 001	mary radiii:100, or ovva
The applicant by h	nis or her signature certifies	that all the information of	given is co	omplete	e and correct, and that
	ding information or stateme		,	,	,
Signature		Date			

Note: This is an application only, and does not serve as permission to conduct any special activity in the park. The information provided will be used to determine whether a permit will be issued. Send the completed application along with the application fee in the form of a credit card payment, cashier's check, money order or personal check made payable to National Park Service to the Special Park Use Coordinator at the Park address found on the first page of this application.

If your request is approved, a permit containing applicable terms and conditions will be sent you. The permit must be signed by the responsible person and returned to the park for final approval by the Park Superintendent before the permitted activity may begin.

Notice to Customers Making Payment by Personal Check: When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

NOTICES

Privacy Act Statement: The Privacy Act of 1974 (5 U.S.C. 552a) provides that you be furnished with the following information in connection with information required by this application. This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. Applicants are required to provide their social security or taxpayer identification number for activities subject to collection of fees and charges by the National Park Service (31 U.S.C. 7701). Information from the application may be transferred to appropriate Federal, State, and local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

Paperwork Reduction Act Statement: We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to provide the park managers the information needed to decide whether or not to allow the requested use. All applicable parts of the form must be completed in order for your request to be considered. You are not required to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any other aspect of this form to the Information Collection Clearance Officer, National Park Service, 1849 C Street NW. (1237), Washington, D.C. 20240

Title 18 U.S.C. Section 1001 makes it a crime for any person to knowingly and willfully make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any mater within its jurisdiction.